

Shipper's Letter of Instruction

1a. EXPORTER (Name and address including ZIP code)		<p style="color: red; font-weight: bold; margin: 0;">PLEASE BE SURE TO COMPLETE ALL SHADED AREAS.</p>			
ZIP CODE					
b. EXPORTER'S EIN (IRS) NO.	c. PARTIES TO MTRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related				
4a. ULTIMATE CONSIGNEE					
b. INTERMEDIATE CONSIGNEE					
5. FORWARDING AGENT		6. POINT (STATE) OF ORIGIN OR FTZ N ^o 7. COUNTRY OF ULTIMATE DESTINATION			
8. LOADING PIER (Vessel only)	9. MODE of TRANSPORT (Specify)	<p style="color: red; font-weight: bold; margin: 0;">Exporter - please advise:</p> <p style="color: red; margin: 0;"><input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D. \$ _____</p> <p style="color: red; margin: 0;"><input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT</p> <p style="color: red; margin: 0;">SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT</p> <p style="color: red; margin: 0;">AS ASSIGNET <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER</p> <p style="color: red; margin: 0;"><input type="checkbox"/> DELIVER TO</p>			
10. EXPORTING CARRIER	11. PORT OF EXPORT	<p style="color: red; font-weight: bold; margin: 0;">Shipper Requests Insurance (CIF or CIP) <input type="checkbox"/> No <input type="checkbox"/> Yes \$</p>			
12. PORT OF UNLOADING (Vessel and air only)	13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No				
14. SCHEDULE B DESCRIPTION OF COMMODITIES ----- 15. MARKS, NOS., AND KINDS OF PACKAGES					
(Use columns 17-19)		SHIPPER'S REF. N ^o .	DATE	VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (20)	
D/F (16)	SCHEDULE B or HTSUS NUMBER (17)	CHECK DIGIT	QUANTITY - Schedule B Unit (s) (18)	SHIPPING WEIGHT (kg) (19)	<p style="color: red; font-weight: bold; margin: 0;">SHIPPERS NOTE:</p> <p style="color: red; margin: 0;">Please contact us if you are uncertain about your Schedule B or HTSUS Number. We will assist you in selecting a classification for the Electronic Export Inforamtion.</p> <hr/> <p style="color: red; margin: 0;">WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED BE-LOW VIA:</p> <p style="color: red; margin: 0;"><input type="checkbox"/> YOUR TRUCK, OR</p> <p style="color: red; margin: 0;"><input type="checkbox"/> OTHER CARRIER (LISTED BELOW)</p> <p style="color: red; margin: 0;">TRUCK LINE NAME _____</p> <p style="color: red; margin: 0;">RECEIPT (PRO) NUMBER _____</p> <hr/> <p style="color: red; margin: 0;">DECLARED VALUE FOR CARRIAGE \$</p>
21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL		22. ECCN (When required)			
23. Duly authorized officer or employee		DOCUMENTS ENCLOSED:			
The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.		SPECIAL INSTRUCTIONS:			
24. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the „CORRECT WAY TO FILL OUT THE SHIPPER'S EXPORT DECLARATION.“ I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, falling to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).					
SIGNATURE Sign only if you selected the forwarder and a master Power of Attorney has not been issued.	CONFIDENTIAL - For use solely for official puposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)).			Value listed is reportable amount for the Electronic Export Information (EII) in the Automated Export System.	
TITLE	Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.			Please notify _____ if there are any problems with this shipment.	
DATE	25. AUTHENTICATION (When required)			Phone: Fax: E-Mail:	

NOTE: The shipper or his Authorized Agent hereby authorizes the above named Company, in his name and on behalf, to prepare any export documents, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment.